

EMERGENCY INFORMATION RECORD

SCHOOL OF HUMANITIES

This information is for use by the Office of the Dean in the event of an emergency. Please complete the information requested and add any other information that might be helpful in a medical emergency, or in a major emergency (i.e. flood, earthquake, fire, etc.)

DATE: _____

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

CELL PHONE _____

EMERGENCY CONTACT INFORMATION

PERSONAL CONTACT _____

RELATIONSHIP _____

DAYTIME PHONE _____

CELL PHONE _____

MEDICAL INFORMATION

PHYSICIAN _____

MEDICAL GROUP _____

PHONE _____

KNOWN ALLERGIES
(Optional) _____

NOTES
